

March 23, 2009

Dear Regulatory Reform Committee Members,

I am disabled due to complications related to a Bone Marrow Transplant in 2003. My disability is related to my lung function, which has been compromised enough for the doctors to discuss a Lung Transplant with me on several occasions. My activities are limited as I get out of breath very easily by walking uphill, stairs, exertion, etc.

Having been thru the difficulties of one transplant already, I am doing my best to try to avoid another one. The doctors advise me to avoid any situation where there is pollution, or dirt in the air as I am very susceptible to getting lung infections, as I am immune compromised by the post transplant drugs that I take

Often time when I visit restaurants, or bars I am forced to leave because of the heavy smoke in the air. Even though there are supposedly non-smoking areas, the toxic fumes from tobacco will fill the establishment's air. There is no such thing as a safe non-smoking area unless it is completely partitioned off from the smoking area and has a completely separate ventilation/heating/cooling system.

If my friends, or associates choose to gather at a smoky establishment I am many times forced to decline to attend in order to protect my health. While my friends try to accommodate me, they often forget my difficulties, and I don't like to constantly remind them. As a result I miss many functions, and often feel cut off from society.

I had thought that the American's with Disabilities act would protect me from discrimination of being unable to find smoke free air in all public places, but apparently this isn't the case. I am somehow protected by this legislation if I can't walk, but not if I can't breathe properly

The Center for Disease Control states the following effects from second hand smoke:

- Secondhand smoke exposure causes heart disease and lung cancer in nonsmoking adults.²
- Nonsmokers who are exposed to secondhand smoke at home or work increase their heart disease risk by 25–30% and their lung cancer risk by 20–30%.²
- Breathing secondhand smoke has immediate harmful effects on the cardiovascular system that can increase the risk of heart attack. People who already have heart disease are at especially high risk.²
- Secondhand smoke exposure causes respiratory symptoms in children and slows their lung growth.²

- Secondhand smoke causes sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more frequent and severe asthma attacks in children.²
- There is no risk-free level of secondhand smoke exposure. Even brief exposure can be dangerous.²

How can the residents of Michigan be expected to accept being exposed to these hazards? I equate it to allowing persons to legally carry radioactive plutonium in their pockets since the radioactivity would endanger people in the vicinity as well as the person with the plutonium, just as people smoking detrimentally affect the health of people around them. Let's look at this comparison more closely for a moment.

Here are the top 10 reasons people should be allowed to continue to carry radioactive plutonium:

1. Restaurants have non-plutonium areas where you aren't exposed to as much radiation. However, you might be seated right next to a table where plutonium is allowed.
2. Don't be a baby, people have been carrying plutonium around for years, and society is used to it.
3. Plutonium generates a lot of tax revenue, so we don't want to regulate its use in public or tax revenues might drop because some people might stop carrying it altogether. .
4. The Plutonium lobby has a lot of money.
5. This is America and I have a right to do what I please, even if my plutonium's radiation degrades the health of other people. .
6. My Uncle carried Plutonium around beginning when he was 12 and he lived until he was 95.
7. I couldn't survive if I was unable to hold my plutonium to my lips as soon as I finished my meal in a restaurant.
8. What would I do with my hands if I was drinking in a bar and couldn't fondle my plutonium as I talked, and drank?
9. It's better for future health care costs if we get some of these folks to drop dead at an earlier age. I'm doing my fellow citizens a favor by carrying this radioactive material.

10. Forcing residents to use their Plutonium away from other citizens would impose an undo hardship on them. Michigan winters are too cold to be using it outside of public places.

I don't think you can find anyone rationally accepting these arguments for allowing radioactive Plutonium to be carried in public, just as they can't be accepted for allowing second hand smoke in public.

Here are some amazingly positive facts on public smoking bans :

1. After a Smoking ban was enacted in Scotland hospital admissions for Acute Coronary Syndrome were reduced. These reductions consist of a 14 percent reduction in admissions among smokers, a 19 percent reduction among former smokers, and a 21 percent reduction among people who'd never smoked.
2. An Indiana University study found that a smoking ban led to a 70% reduction in hospital admissions for heart attacks in non smokers.
3. Italy banned smoking in public places and they found an 11.2 percent reduction of acute coronary events in persons 35 to 64 years and a 7.9 percent reduction in those ages 65 to 74.

In conclusion, I like to ask the Regulatory Reform Committee to bring up for a vote and vote favorably on HB 4341, in order to protect the health of Michigan residents.

Sincerely,
John Zurek
Sylvan Lake, MI

(Appendix 1)

Public Smoking Bans Work Across the Board

Study finds hospital admissions for acute coronary syndrome down for smokers, nonsmokers

Posted July 30, 2008

WEDNESDAY, July 30 (HealthDay News) -- After a ban on smoking in all enclosed public places was introduced in Scotland in March 2006, there was a 17 percent reduction in hospital admissions for acute coronary syndrome, says a new study that provides further proof that smoke-free laws provide health benefits.

Researchers found the number of admissions in the 10 months after the ban was 2,684, compared with 3,235 in the 10 months before the ban. Nonsmokers accounted for 67 percent of the decrease. There was a 14 percent reduction in admissions among smokers, a 19 percent reduction among former smokers, and a 21 percent reduction among people who'd never smoked.

The study also found that people who'd never smoked reported a decrease in their weekly amount of exposure to secondhand smoke.

While admissions for acute coronary syndrome decreased 17 percent in the 10 month's after the Scottish ban, there was a 4 percent reduction in England (which has no such legislation) during that same period. In the decade preceding the ban, Scotland had a mean annual decrease of 3 percent.

Previous studies have suggested that banning smoking in public places reduced hospital admissions for acute coronary syndrome, but it wasn't clear whether the reduction involved nonsmokers, smokers or both.

The new study was published in the July 31 issue of the *New England Journal of Medicine*.

Earlier this month, an International Agency for Cancer Research report said smoke-free policies are extremely effective at reducing smoking rates, exposure to secondhand smoke, and smoking-related heart disease.

Another study, published in the journal *Circulation*, found the number of acute coronary events dropped significantly among adults in Rome after Italy banned smoking in public places in 2005.

article from <http://health.usnews.com/articles/health/healthday/2008/07/30/public-smoking-bans-work-across-the-board.html>

(Appendix 2)

Smoking Ban Results in Less Heart Attacks in Non Smokers

November 21, 2007 by Regina Saaa

Research from Indiana University shows that since the nationwide smoking ban was put into effect, the incidence of hospital admissions for heart attacks has dropped 70%- in non smokers only. For smokers, they found no similar rate of decline during the study leading to the conclusion that the effects of the smoking ban are helping those who would be exposed to second hand smoke.

This is the first study to take a look at the effects of smoking bans in relation to heart attacks in non smokers. In previous studies, there was no distinction made between those who smoked and those who did not of if they did look at non smokers, they only looked at those who did not have any accompanying risk factors like high blood pressure, high cholesterol or previous heart surgery.

Just a 30 minute exposure to second hand smoke can result in an increase of a person's risk for developing a hearth attack and this goes for those who do not have risk factors as well as those who do, although the rate for those with risk factors will be higher. Second hand smoke contains carbon monoxide which causes the blood vessels to constrict, which also reduces the level of oxygen in the blood that is carried to the brain and other vital organs including the heart. And close of half of the non smoking population is exposed to second hand smoke on a regular basis and this is after the smoking ban was put in place in so many cities across the county.

For this study, the researchers assessed the hospital admissions records for patients with acute myocardial infarction in two counties in Indiana, Monroe and Delaware. AMI happens when there is a blockage that prevents blood from reaching part of the heart. They were chosen because they are similar in population levels, both are home to colleges, have about the same median income and racial diversity as well as deaths from heart attacks. The two counties were chosen as much for what makes them different as well as what makes them the same. A the time of the study, Delaware County did not have any smoking bans in effect, while in Monroe County smoking was prohibited in restaurants, bars, retail spaces and workplaces.

http://www.associatedcontent.com/article/453090/smoking_ban_results_in_less_heart_attacks.html?cat=5

(Appendix 3)

Heart Attacks Decreased After Public Smoking Ban In Italy

ScienceDaily (Feb. 12, 2008) — The number of acute coronary events such as heart attack in adults dropped significantly after a smoking ban in public places in Italy, researchers reported in *Circulation: Journal of the American Heart Association*. Researchers in Rome compared acute coronary events in the city for five years preceding a public smoking ban with those occurring one year after the ban. They found an 11.2 percent reduction of acute coronary events in persons 35 to 64 years and a 7.9 percent reduction in those ages 65 to 74.

"Smoking bans in all public and workplaces result in an important reduction of acute coronary events," said Francesco Forastiere, M.D., Ph.D., co-author of the study and head of the Environmental and Occupational Epidemiology Unit, Department of Epidemiology, Rome E. Health Authority, Italy. "The smoking ban in Italy is working and having a real protective effect on population health."

The study was the first in Europe to show long-term health benefits of smoking bans in public places. It also was the first to consider in detail other factors such as temperature, air pollution, flu epidemics and time trends that affect acute coronary events such as heart attack.

The January 2005 comprehensive smoking ban in Italy included strong sanctions for smokers, businesses and workplace owners and managers. The prohibition included all indoor public places such as offices, retail shops, restaurants, pubs and discos.

Researchers compared the rate of acute coronary events from 2000 to 2004 to those occurring in 2005 after the ban was enforced.

Researchers identified acute coronary events from hospital discharge reports with a diagnosis of myocardial infarction or unstable angina and from the regional register of causes of deaths with diagnosis of out-of-hospital coronary deaths. The analysis was divided into three age groups: 35--64, 65--74 and 75--84 years. Researchers collected daily data on particulate matter in 40 public places and from four fixed monitors in residential areas together with temperature readings.

The indoor concentration of fine particles decreased significantly from a mean level of 119 $\mu\text{g}/\text{m}^3$ before the ban to 43 $\mu\text{g}/\text{m}^3$ one year after the ban.

During the period of the study there were changes in smoking habits such as:

- Frequency of smoking decreased from 34.9 percent to 30.5 percent in men and from 20.6 percent to 20.4 percent in women.
- Cigarette sales decreased 5.5 percent.
- While the ban resulted in a significant reduction in acute coronary events in the two younger age groups, the older group (aged 75-84 years) showed no reduction.
- When the researchers adjusted for time trends and all-cause hospitalization, the results remained statistically significant in the youngest group and in the 65--74 age group. This effect was only slightly reduced when the researchers compared the post-smoking ban data of 2005 to that from 2004.

"The older age group spends more time at home than in the workplace or public businesses," said Giulia Cesaroni, M.Sc., senior researcher at the Department of Epidemiology, Rome, Italy. "The smoking ban has a greater effect on those of working age and those who spend a lot of their time in public places."

Young people living in low socioeconomic areas seemed to have the greatest reduction in acute coronary events after the smoking ban, researchers reported. Those living in lower socioeconomic areas have worse health conditions with more risk factors for heart attack such as obesity, hypertension, diabetes and a higher rate of active smoking.

"This implies that a disadvantaged person has a higher probability of being surrounded by smokers at work and in public places unless a smoking ban is in place," Cesaroni said.

The researchers said the health benefits seen in this study probably result from a significant reduction in exposure to passive smoking. In addition, a smoking-free environment makes it easier for smokers to stop smoking.

"Since coronary heart disease is a leading cause of death in Italy, the reduction observed had enormous public health implications," Forastiere said. "It will be interesting to see if the effect of the ban is stable over time and if similar positive health effects can be detected in other places. While the trend is to implement smoking bans, there are still areas in the world such as some European countries, Asia, and America where smoking in public places is an important public health issue. Smoking bans should be extended to all possible countries and smoking bans in the workplace should be strongly enforced."

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<http://www.sciencedaily.com/releases/2008/02/080211172539.htm>
